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CONFIRMATION NO. 6894

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|---|---|---|---|-------------------------------------|---------------------------|--------------------------------|
| SERIAL NUMBER 10/552,951 | FILING or 371(c) DATE 06/22/2006 RULE | CLASS 623 | GROUP ART UNIT 4177 | ATTORNEY DOCKET NO. 81723 | | |
| APPLICANTS William F. Ogilvie, Austin, TX; ** CONTINUING DATA ***** This application is a 371 of PCT/US04/11995 04/16/2004 which claims benefit of 60/463,802 04/18/2003 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 07/19/2006 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JOSHUA H LEVINE/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance <u>JL</u> Initials | STATE OR COUNTRY TX | SHEETS DRAWINGS 2 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS FITCH EVEN TABIN AND FLANNERY 120 SOUTH LA SALLE STREET SUITE 1600 CHICAGO, IL 60603-3406 UNITED STATES | | | | | | |
| TITLE Interpositional biarticular disk implant | | | | | | |
| FILING FEE RECEIVED 665 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |